

Case Number:	CM14-0070954		
Date Assigned:	07/16/2014	Date of Injury:	03/03/2010
Decision Date:	10/07/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female injured on 03/03/10 as a result of cumulative trauma to bilateral wrists, hands, elbows, shoulders, neck, back, knees, and feet sustained during repetitive work as a housekeeper/manager. Diagnosis included bilateral shoulder rotator cuff with supraspinatus tendon tear, bilateral lateral meniscus tear of medial meniscus, anterior posterior horn meniscus tear bilateral knees, lumbar disc syndrome with myelopathy, and lumbar spine herniated disc syndrome without myelopathy. Clinical note dated 03/29/14 indicated the injured worker presented complaining of continued bilateral knee, low back, and bilateral shoulder pain. Additionally, the injured worker utilized medications for depression. Medications included Prozac, naproxen, and cyclobenzaprine. The injured worker was recommended to continue 24 sessions of physical therapy, topical compounds, stem unit, and obtain DNA testing for medication efficacy. The injured worker referred for orthopedic evaluation for ongoing shoulder and bilateral knee pain. Clinical note dated 03/12/14 indicated the injured worker presented for evaluation for ongoing pain to bilateral wrists, hands, elbows, shoulders, neck, back, knees, and feet. Lumbar spine examination revealed +4 spasm and tenderness to bilateral lumbar paraspinal muscles from L1 to S1, Kemp test positive bilaterally, straight leg raise positive on the right, Yeoman positive bilaterally, right Achilles reflex decreased, lumbar dermatomes equal bilaterally. The injured worker previously complained of constant, moderate pain of the lumbar spine aggravated by bending forward at the waist and prolonged sitting. The injured worker also complained of numbness over the lumbar spine. Treatment plan included 12 physical therapy sessions, multiple topical analgesics, glucosamine chondroitin supplement, interferential stimulator, LSO, and functional capacity evaluation. The request for LSO SAG-coronal panel prefab was non-certified on 04/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar-Sacral Orthotic (LSO) sag-coronal panel prefab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines online version.

Decision rationale: Current CAMTUS indicate lumbar supports are not recommended for the treatment of low back disorders. Additionally, evidence-based guidelines indicate lumbar supports are not recommended in the prevention of low back pain; however, they are recommended as an option for compression fractures and specific treatment of spondylolisthesis and documented instability. There is no indication in the documentation that the injured worker has been diagnosed with or suffers from the above mentioned illnesses. As such, the request for LSO sag-coronal panel prefab cannot be recommended as medically necessary.